Attorney Docket No.: VPI/02-119 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.:

10/632,340

Confirmation No.:

3588

Filing Date:

August 1, 2003

Examiner:

Venkataraman Balasubramanian

Group Art Unit:

1624

Applicants:

Cornelia J. Forster et al.

For:

COMPOSITIONS USEFUL AS INHIBITORS OF GSK-3

June 28, 2007

Cambridge, Massachusetts

TRANSMITTAL LETTER

Sir:

Transmitted herewith is an Amendment and Reply to Office Action, and a Petition for Extension of Time to be filed in the above-identified patent application.

FEE FOR ADDITIONAL CLAIMS

- [X] A fee for additional claims is not required.
- [X] The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

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EXTENSION FEE

- [X] The following extension is applicable to the Response filed herewith; [X] \$120.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); [] \$450.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); [] \$1,020.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); [] \$1,590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136(a); [] \$2,160.00 within fifth month pursuant to 37 C.F.R. § 1.136(a).
- [X] Please charge the extension fee in the amount of [X] \$120.00; [] \$450.00; [] \$1,020.00; [] \$1,590.00; [] \$2,160.00 to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.
- [X] The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

Respectfully submitted,

/Jennifer G. Che/

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